Application or Docket Number

Paters and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2003									0190	79 -	-0016	1045
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY
Ţ	OTAL CLAIM	S .	15	15				RATE	FEE	٦	RATE	FEE
F	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FE	770.00
T	OTAL CHARGE	ABLE CLAIMS	/5°n	/5 minus 20=				X\$ 9=		OR	X\$18=	
ΙN	DEPENDENT (1	/ minus 3 =		•		X43=	1	4	X86=	 -	
М	ULTIPLE DEPE	NDENT CLAIM	PRESENT	-				145	+	OR		
• 1	* If the difference in column 1 is less than zero, enter "0" in column 2							+145=	150	OR	+290=	
	3760 CLAIMS AS AMENDED - PART II								385	OR	TOTAL	
ئے	(Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	. 10	Minus	- 2	<u>) </u>	= (1)		X\$ 9=		OR	X\$18=	
A	independent	· /	Minus		2	- 4	ı	X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
	·										TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	,	ODIT. FEE		,,	ODOIT, FEE	
ENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	•	Minus	** .		•	Γ	X\$ 9=		OR	X\$18=	1 200
	Independent		Minus	***		•	t	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
										CP	TOTAL	
		(Column 1)		(Column	1 2)	(Column 3)	AI	DOIT. FEE		А	DDIT. FEEL	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST R SLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE	Ī	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**			Γ	X\$ 9=		OR	X\$18=	
	Independent		Minus	***			-	X43=			X86=	
1	FIRST PRESE	NTATION OF MI	F MULTIPLE DEPENDENT C			LAIM		~~~ <u>=</u>		OR	₩	
• #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	,
	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE it less than 3, enter "3."										TOTAL DOIT, FEE	
31	he "Highest Num	ber Previously Pai	For (Total or	independent) is the (highest number t	ound	in the app	ropriate box	in coluir	nn 1.	į

FORM PTO-875 (Rev. 10/03)